

# Electronic Filing System (EFS) Data

## Electronic Patent Application Submission

### USPTO Use Only

EFS ID: 11923  
Application ID: 09682094  
Title of Invention: Network enabled low-cost smart microdevice  
First Named Inventor: Roberto Ponticelli  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2001-07-18   
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: 38146  
Digital Certificate Holder: cn=Jeffrey Monroe Furr, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US  
Certificate Message Digest: qs2y7lt7OLos2erd4nQIkw==  
Total Fees Authorized: \$373.0

Payment Category: CC - Credit Card  
Credit Card Number: \*\*\*\*9699  
Expiration Date: 09122002  
Card Holder Name: Antonio Mugica  
RAM User ID: EFSPROD  
RAM Accounting Date: null  
RAM Sequence Number: 0  
RAM Payment Status: RAM Fail: reason code: 1 return code:-80  
Postal Code: 33487

JC474 U.S. PRO  
09/682094  
07/18/01



# TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 38146

## Network enabled low-cost smart microdevice

First Named Inventor: Mr. Roberto Ponticelli

### SUBMITTED BY

Name: Mr. Jeffrey Furr Esq.  
 Electronic Signature Mark: Jeffrey Furr Date Signed: 20010718

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

### Attached Files:

bibd-transmittal	LowCostapds.xml
fee-transmittal	LowCostfee.xml
declaration	dis1.tif
declaration	dis2.tif
declaration	dis3.tif
specification	Lowspec.xml

**Attached Image File(s):**

dis1.tif  
dis2.tif  
dis3.tif

**Comments:**

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-

Approved for use through 10/31/2002. OMB 0651-0

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor ROBERTO PONTICELLI	
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NETWORK ENABLED LOW-COST SMART MICRODEVICE**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions for reducing burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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Under the Trademark Registration Act of 1946, no decisions are subject to appeal in a court of law unless a final decision is made by the Commissioner.

## DECLARATION — Utility or Design Patent Application

Street or correspondence address:  Customer Number  
or Site Code Label  Correspondence address to be used

Name \_\_\_\_\_

Address \_\_\_\_\_

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City \_\_\_\_\_

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ZIP \_\_\_\_\_

Country \_\_\_\_\_

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief to the best of my knowledge and belief were made with the knowledge that such false statements and the same are punishable by law or imprisonment or both under 35 U.S.C. 1331 and that such wilful false statements may jeopardize the validity of the application or any patent issued therefrom.

### NAME OF SOLE OR FIRST INVENTOR

A petition has been filed for this invention by

Given Name ROBERTO  
First and middle (if any)

Family Name PONTICELLI  
or Surname

Inventor's  
Signature 

Date 7/11/12

Residence City Caracas

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Citizenship

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### NAME OF SECOND INVENTOR

A petition has been filed for this invention by

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Family Name PINATE  
or Surname

Inventor's  
Signature 

Date 7/11/12

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Mailing Address

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City

State

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Venezuela  
Country

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U.S. GOVERNMENT PRINTING OFFICE: 2000 164-100-000-000-000

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:

A patent has been filed for this additional inventor.

Given Name (first and middle) [if any]:

Family Name or Surname:

ELIX

MISSEL

Inventor's  
Signature

*Elix Misael*

Date 7/11/20

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Name of Additional Joint Inventor, if any:

A patent has been filed for this additional inventor.

Given Name (first and middle) [if any]:

Family Name or Surname:

Inventor's  
Signature

Date

Residence: City

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Name of Additional Joint Inventor, if any:

A patent has been filed for this additional inventor.

Given Name (first and middle) [if any]:

Family Name or Surname:

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address:

Mailing Address:

City

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Patent Law, 35 U.S.C. § 115

# FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

**Small Entity**

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 373**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 9699  
Expiration Date: 20020912  
Authorized Name: Antonio Mugica  
Billing Address: 33487

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 22	203	\$ 9	2	\$ 18
Independent Claims: 2	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 18